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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):) Title: DAILY TREATMENT FOR ERECTILE
JOHN S. WHITAKER ET AL.) DYSFUNCTION USING A PDE5 INHIBITOR
Serial No. 09/834,442) Attorney Docket No. 29342/37225
Filed: April 13, 2001) Group Art Unit: 1617
Examiner: M. Bahar

#6
JRP
1/11/02

AMENDMENT TRANSMITTAL WITH
PETITION FOR EXTENSION OF TIME

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment for the above application.

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on **December 7, 2001**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

12/20/2001 EABUBAK1 00000122 09834442

01 FC:115

110.00 OP

James J. Napoli

1. **Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established and is still effective.
- ☒ Has not been established.

2. **Extension of Time**

- ☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month	X	\$110.00		\$55.00
Two Months		\$400.00		\$200.00
Three Months		\$920.00		\$460.00
Four Months		\$1,440.00		\$720.00
Fifth Month		\$1,960.00		\$980.00

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$110.00



An extension for _____ month(s) has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$0.00

Extension Fee Due With This Request \$110.00

3. Fee for Claims

The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	37	MINUS	45	= 0	X 9 =	\$	X18 =	\$
INDEP.	4	MINUS	6	= 0	X42 =	\$	X84 =	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claim					+ 140 =	\$	+ 280 =	\$
TOTAL ADDITIONAL FEE						\$	OR	\$0.00

4. Method of Payment of Fees

- ☒ Attached is a check in the amount of: \$ 110.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ _____
A copy of this Transmittal is enclosed.

5. Deposit Account and Refund Authorization

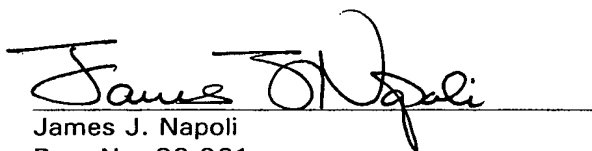
The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, Gerstein & Borun at the address below.

Respectfully submitted,

MARSHALL, GERSTEIN & BORUN
6300 Sears Tower
233 South Wacker Drive
Chicago, Illinois 60606-6357
(312) 474-6300

By:


James J. Napoli
Reg. No. 32,361

December 7, 2001